

Appendix B

DEQ PAYMENT REQUEST

DEQ CONTRACT NO.: XXXXXXX CONTRACT EXPIRATION DATE: MM/DD/YYYY
 TASK ORDER NUMBER.: XX TASK ORDER EXPIRATION DATE: MM/DD/YYYY
 PAYMENT REQUEST NO. XX PAYMENT PERIOD: MM/DD/YYYY - MM/DD/YYYY
 INVOICE NUMBER: (if different than payment request no.)
 PROJECT OR SITE NAME: 2007 Weed Control, Example Name
 CONTRACTOR NAME: Contractor Example Name
 CONTRACTOR ADDRESS: Contractor Example Address, City, State, Zip

CURRENT PAYMENT REQUEST

Item Description	Quantity	Unit Price	Total

TOTAL EARNED THIS PERIOD	\$	-
RETAINAGE WITHHELD*	\$	1,000.00
RETAINAGE RELEASED		
NET PAYMENT		

PAYMENT SUMMARY INFORMATION

DATE	PAYMENT REQUEST #	FINAL PAYMENT Y/N	EARNED	RETAINAGE WITHHELD*	RETAINAGE RELEASED	NET PAYMENT
MM/DD/YYYY	1	N		\$ 1,000.00		\$ (1,000.00)
	2	N				\$ -
	3	N				\$ -
	4	N				\$ -
	5	N				\$ -
	6	N				\$ -
	7	N				\$ -
	8	Y			\$ -	\$ -
	TOTAL TO DATE		\$ -	\$ 1,000.00	\$ -	\$ (1,000.00)

*\$1,000 Retainage withheld on first payment of each Task Order until the completion of the Task Order (see Contract, Article 8).

The invoice is approved for _____. I certify that it is mathematically and clerically correct, and that it is a legal, proper, and necessary charge in accordance with the Contract.

REQUESTED BY:	CONTRACTOR: _____
	SIGNATURE: _____
	DATE: _____
APPROVED BY:	OWNER: _____
	SIGNATURE: _____
	DATE: _____